FORM NLRB-501 (2-18)

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD CHARGE AGAINST EMPLOYER

DO NOT WRITE IN THIS SPACE		
Case 21-CA-269935	Date Filed 12-07-2020	

INSTRUCTIONS:

File an original with NLRB Regional Director for the Region in which the alleged unfair labor practice occurred or is occurring

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT			
a. Name of Employer		b. Tel. No. 626-570-9000	
MONTEREY PARK HOSPITAL AHMC		c. Cell No.	
		f. Fax No.	
d. Address (Street, city, state, and ZIP code)	e. Employer Representative	g. e-Mail Gretchen.Lindeman@ahmchealth.com	
900 S. Atlantic Boulevard Monterey Park, CA 91754	Gretchen Lindemen, HR	h. Number of workers employed	
i. Type of Establishment (factory, mine, wholesaler, etc.)	j. Identify principal product or service		
Hospital	Health care		
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices affecting commerce within the meaning of the Act and the Postal Reorganization Act. 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices) Within the six months immediately preceding the filing of this charge, the above-named employer, by and through its officers and/or agents, violated Sections 8(a)(1) and 8(a)(5) of the Act when it bargained in bad faith by failing and refusing to provide, and/or by unreasonably delaying the production of, information that is relevant and necessary for the Union investigate and process a grievance. The Union first requested this information on October 5, 2020. 3. Full name of party filing charge (if labor organization, give full name, including local name and number) SEIU LOCAL 121RN 4a. Address (Street and number, city, state, and ZIP code) 1040 Lincoln Avenue, Pasadena, CA 91103 4b. Tel. No. (626) 639-6200 4c. Cell No. 4d. Fax No. (626) 395-7538 4e. e-Mail			
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) SERVICE EMPLOYEES EMPLOYEES INTERNATIONAL UNION			
6. DECLARATION		Tel. No. (510) 337-1001	
I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Office, if any, Cell No.	
Manuel S. Bagus and Deller.	Manuel A. Boigues, Union Attorney	Fax No. (510) 337-1023	
(signature of representative or person making charge) Address: 1001 Marina Village Parkway, Suite 200, Alameda, CA 94	(Print/type name and title or office, if any) December 7, 2020 (date)	e-Mail mboigues@unioncounsel.net; nlrbnotices@unioncounsel.net	

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)
PRIVACY ACT STATEMENT